



STATE ASSURANCE FUND Preapproval Application

WHEN TO USE: This is the required format - if the Eligible Person (Applicant) desires to have ADEQ review and approve corrective action work that has not yet been performed. The Preapproval Concept - the SAF preapproval option is available to applicants who have not begun the proposed corrective action. The advantage of preapproval is that it provides a mechanism for ADEQ to evaluate proposed corrective action activities and related costs before the fieldwork is conducted. After the work is performed, A Direct Payment Application is used to claim incurred costs.

In addition to the content specified within, use of black or dark blue print on white 8.5" by 11" paper is required for the application form. Additional information provided to document claimed corrective actions (i.e. drawings, blue prints, site plans, etc.) may be presented in other formats.

THIS APPLICATION INCLUDES:

The Preapproval Application Form, which is required to be completed.

The Preapproval Work Plan, which is required to be completed.

The Amount Claimed Summary Worksheet, which is required to be completed.

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE ASSURANCE FUND**

PREAPPROVAL APPLICATION

Mail or hand deliver one original and one copy of this completed application form and all attachments, except any tax return or other financial information is to be attached to the original only, to the below address:

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
SAF Administrator
Mail Code 6415B-2
1110 West Washington Street
Phoenix, AZ 85007

ADEQ received stamp:

SECTION I – ELIGIBLE PERSON (APPLICANT) INFORMATION:

A. Name of Applicant: _____

B. Mailing address: _____
(street, city, state, zip code)

C. Telephone No.: _____ Telefax No.: _____ E-Mail: _____

D. Department Assigned Identification (Owner ID) No.: _____

E. Applicant Status (check all that apply):

____ Owner - A.R.S. § 49-1001.01

____ Volunteer - A.R.S. § 49-1052 (I)

____ Operator - A.R.S. § 49-1001(9)

____ Political Subdivision - A.R.S. § 49-1052 (H)

F. Applicant contact person (if different from the Applicant identified above):

1. Name and Relationship to the Applicant: _____

2. Telephone No.: _____ Telefax No.: _____ E-Mail: _____

3. Mailing address: _____
(street, city, state, zip code)

SECTION II - FACILITY INFORMATION

A. ADEQ assigned facility identification no.: 0-0

B. Facility name: _____

C. Facility address: _____

D. LUST¹ file no.: _____

Release Number(s)²: _____

Footnotes for Section II:

1: LUST file number – Leaking Underground Storage Tank (LUST) file number, this refers to the ADEQ assigned four digit number associated with the release(s) confirmed at the site.

2: Release number(s) – refers to the ADEQ assigned number that follows the four digit LUST number (ex: .01)

NOTE: If costs associated with more than one release are claimed on this Preapproval Application, the applicant must complete the “Multiple Release Allocation” table in Section III below (if additional lines are required, please attach a separate table set up in the same format):

SECTION III – APPLICATION SPECIFIC INFORMATION

- A. **This percentage split represents the best estimate of how costs claimed on this application should be allocated to each release based on corrective actions associated with each release:**

| Release No. | Percentage Allocated for this Release |
|--------------|---------------------------------------|
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| | |
| Total | Must equal 100% |

SECTION IV - PREAPPROVAL APPLICATION CONTENTS

This Preapproval Application consists of one original and one complete copy of the Preapproval Application form and all of its attachments, which include:

- ☐ Preapproval Work Plan; AND
- ☐ Completed Amount Claimed Summary Worksheet.

SECTION V – FINANCIAL NEED PRIORITY RANKING NOTIFICATION

- ☐ I waive my right to have a financial need evaluation completed for this application.
- ☐ Notify me if ranking of SAF payment may be necessary so that I may provide necessary financial information.

SECTION VI - CORRECTIVE ACTION SERVICE PROVIDER INFORMATION

A. Corrective Action Service Provider (firm): _____

1. Contact Person: _____
2. Telephone No.: _____ Telefax No.: _____ E-Mail: _____
3. Mailing address: _____
(street, city, state, zip code)

SECTION VII - CERTIFICATION STATEMENT: APPLICANT

This certification statement, in its entire ADEQ prescribed form, must be signed by the Eligible Person (Applicant). This certification statement, signatures and Notarization must all be on the same page. All signatures must be original. No reproduced or copied signatures will be accepted.

Certification:

I hereby certify that I have reviewed the attached cost estimates in the amount of \$ _____.
All of the costs claimed in this Preapproval Application are costs that have not been previously paid from the State Assurance Fund.

-A volunteer may line through the immediately below paragraph (only)-

I certify that my consultant, representative, agent or I have not been reimbursed by insurance for the corrective actions that are the subject of this Preapproval Application. I agree to report to the Department any payment or promise of payment from insurance to me or my consultant, representative or agent for corrective action costs included in this Preapproval Application.

I further declare under penalty of perjury that all facts and statements set forth as part of this Preapproval Application are true and correct to the best of my knowledge, information, and belief. To the best of my knowledge and belief, all cost estimates submitted with this Preapproval Application are based directly on the actual performance of the eligible activities that are the subject of this Preapproval Application and represent the actual costs that will be incurred by me for performance of such eligible activities.

| |
|--|
| _____ Signature of Applicant |
| _____ Printed Name |
| _____ Relationship to Eligible Person |

| |
|---|
| Sworn to and subscribed this: ____ day of _____, 20__ |
| _____ Notary Public Signature |
| _____ My commission expires |
| County of _____, State of _____ |

**SECTION VIII - CERTIFICATION STATEMENT:
CORRECTIVE ACTION SERVICE PROVIDER**

This certification statement, in its entire ADEQ prescribed form, must be signed by the primary service provider. All signatures must be original and notarized, no reproduced or copied signatures will be accepted. This certification statement, signatures and Notarization must all be on the same page.

I hereby declare under penalty of perjury that I have prepared the work plan for performance of the corrective action work that is the subject of this Preapproval Application. To the best of my knowledge and belief, all cost estimates submitted by me or my company and/or other service providers with this Preapproval Application are based directly on the actual performance of the eligible activities that are the subject of this Preapproval Application and represent the actual costs that will be incurred for performance of such eligible activities. All of the costs claimed in this Preapproval Application are costs that have not been previously paid from the State Assurance Fund.

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|--|---|
| <div data-bbox="144 804 618 848"><hr/>Service Provider's Signature</div> <div data-bbox="144 913 618 947"><hr/>Printed Name/Title</div> <div data-bbox="144 1012 618 1052"><hr/>Company Name</div> | <div data-bbox="714 747 1401 812">Sworn to and subscribed this: ____ day of _____, 20__</div> <div data-bbox="714 879 1089 915"><hr/>Notary Public Signature</div> <div data-bbox="714 982 1016 1016"><hr/>My commission expires</div> <div data-bbox="714 1050 1154 1081">County of _____ . State of _____</div> |
|--|---|